



Town Of Blacksburg  
DEPARTMENT OF PARKS AND RECREATION

Program \_\_\_\_\_ Date: \_\_\_\_\_

Name of Participant \_\_\_\_\_

**ASSUMPTION OF RISK IN CONNECTION WITH PARTICIPATION IN  
RECREATIONAL ACTIVITY**

1. In consideration of the acceptance of my application for entry in the above event or class, I hereby waive, release and discharge any and all claims for damages for death, personal injury or property damage which I may have as a result of my participation. This release is intended to discharge in advance the Town of Blacksburg and its agents and employees from and against any and all liability arising out of or connected in any way with my participation in said event or class, even though that liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above.
2. I understand that serious accidents occasionally occur during recreational activities, sports, outdoor activities, or fitness activities, and that participants occasionally sustain mortal or serious personal injuries, and/or property damage, as a consequence thereof. Knowing the risks of the particular activity for which I have registered, I hereby agree to assume those risks and to release and hold harmless all of the persons or entities mentioned above who (through negligence or carelessness) might otherwise be liable to me (or my heirs or assigns) for damages.
3. It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns.
4. I give the Town of Blacksburg the right to use photographs of me, participating in this program, in its own promotional materials.
5. I agree to accept and abide by the rules and regulations of the Town of Blacksburg Parks & Recreation Department.
6. I give my consent to allow a doctor to administer emergency treatment to me, or my child, if needed.
7. List any medical problems such as allergies, asthma, allergic reaction to bee stings, etc. \_  
\_\_\_\_\_  
\_\_\_\_\_
8. Can Participant Swim? \_\_\_\_\_ (Only if pertains to program)

Signed: \_\_\_\_\_  
(Participant or Parent of Participant if under 18)

Date \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_

**(Please sign and return to: Blacksburg Parks and Recreation Department, 615 Patrick Henry Drive, Blacksburg, VA 24060)**